

UNITED STATES DISTRICT COURT

for the

Western District of Oklahoma

Division

CIV 17 - 1286 H E

Case No.

Blackburn, Tyeashia M.

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Priority Care Transits LLC

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) Yes No

FILED

NOV 30 2017

CARMELITA REEDER SHINN, CLERK
U.S. DIST. COURT, WESTERN DIST. OKLA.
BY KM, DEPUTY

COMPLAINT FOR A CIVIL CASE ALLEGING NEGLIGENCE

(28 U.S.C. § 1332; Diversity of Citizenship)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	TYEASHIA MARIA BLACKBURN
Street Address	12205 SOUTH WESTERN AVE, APT 0613
City and County	OKLAHOMA CITY, CLEVELAND
State and Zip Code	OKLAHOMA 73170
Telephone Number	405-921-7166
E-mail Address	TYEASHIA@ICLOUD.COM

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

Defendant No. 1

Name	PRIORITY CARE TRANSITS LLC - ARTHUR WILLIS
Job or Title (<i>if known</i>)	OWNER
Street Address	1425 W PIONEER DR #134
City and County	IRVING, DALLAS
State and Zip Code	TEXAS, 75061
Telephone Number	214-664-0893
E-mail Address (<i>if known</i>)	AWILLIS@PRIORITYCARETRANSITS.COM

Defendant No. 2

Name	
Job or Title (<i>if known</i>)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (<i>if known</i>)	

Defendant No. 3

Name	
Job or Title (<i>if known</i>)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (<i>if known</i>)	

Defendant No. 4

Name	
Job or Title (<i>if known</i>)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (<i>if known</i>)	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Under 28 U.S.C. § 1332, federal courts may hear cases in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000. In that kind of case, called a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff. Explain how these jurisdictional requirements have been met.

A. The Plaintiff(s)

1. If the plaintiff is an individual

The plaintiff, (name) BLACKBURN, TYEASHIA M, is a citizen of the
State of (name) OKLAHOMA.

2. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____,
and has its principal place of business in the State of (name)
_____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

B. The Defendant(s)

1. If the defendant is an individual

The defendant, (name) _____, is a citizen of
the State of (name) _____. Or is a citizen of
(foreign nation) _____.

2. If the defendant is a corporation

The defendant, (name) PRIORITY CARE TRANSITS LLC, is incorporated under
the laws of the State of (name) TEXAS, and has its
principal place of business in the State of (name) TEXAS
Or is incorporated under the laws of (foreign nation) _____,
and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

C. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On (date) 11/07/2016, at (place) 12205 SOUTH WESTERN AVE, OKLAHOMA CITY, OK 73170,

the defendant(s): (1) performed acts that a person of ordinary prudence in the same or similar circumstances would not have done; or (2) failed to perform acts that a person of ordinary prudence would have done under the same or similar circumstances because (*describe the acts or failures to act and why they were negligent*)

ON NOVEMBER 07, 2016 PRIORITY CARE TRANSIT LLC WAS SCHEDULED TO PICK MY CARE PROVIDER AND MYSELF UP AT MY HOME, 12205 SOUTH WESTERN AVE, OKLAHOMA CITY, OK 73170. THE DRIVER, MRS. RHONDA BRUCE PARKED IN A VERY TIGHT SPACE, BETWEEN 2 CARS, JUST BEHIND HER WAS A BUILDING THAT HOUSED, A 2 GARAGES, 4 CARPORTS, 6 STORAGES SPACE. BEFORE GETTING INTO THE TRANSIT WE ASKED MRS BRUCE IF SHE WANTED TO BACK OUT FIRST, SO THAT WE COULD GUIDE HER OUT. SHE HAD TO BACK STRAIGHT OUT, WITHOUT TURNING TO AVOIDING HITTING THE TWO CARS NEXT TO HER., BUT RISK THE DOOM SLAMMING INTO THE BUILDING STRUCTURE BEHIND US. SHE TOLD US, SHE WAS TIRED BUT SHE DOES THIS ALL THE TIME, SHE COULD MAKE IT.

SHE ATTEMPTED TO BACK OUT AND BACK RIGHT INTO THE BUILDING STRUCTURE BEHIND US, AT IMPACT A SHARP PAIN HIT ME IN MY NECK, RAN DOWN THE CENTER OF MY BACK INTO MY LOWER BACK AND MY LEGS WENT NUMB FOR A MOMENT. SHE GO OUT THE TRANSITS AND WENT TO THE BACK, GOT BACK IN AND DRIVE OFF AS IF NOTHING HAPPEN. MRS. BRUCE WAS TIRED AND I HAVE VIDEO OF HER FALLING ASLEEP AT THE WHEEL AND A WITNESS.

WHEN OTHER PRIORITY CARE TRANSITS LLC DRIVER PICKED ME UP, THEY NEVER PARKED, THEY WOULD PULL UP ON THE SIDE SO THAT THEY COULD GET OUT EASILY.

The acts or omissions caused or contributed to the cause of the plaintiff's injuries by (*explain*)

MRS. BRUCE WAS TIRED, AND ADMITTED TO BEING TIRED, WHICH CAUSED A LACK IN HER JUDGEMENT. SHE ADMITTED THAT SHE FORGOT SHE HAD A DOOM ON THE TOP OF THE TRANSITS, WHICH MOST TRANSITS DO AND SEEING HOW SHE DRIVES THE TRANSITS AND IT'S HER JOB, HOW CAN SHE FORGET?

IN THE PAST WHEN EMPLOYEES WITH PRIORITY CARE TRANSIT PICKED ME UP, THEY ALWAYS PULL IN SOMEWHERE WHERE THEY CAN EASILY GET OUT.

HER JITTERINESS WAS A SIGN OF DRUG USE, WHICH SHE TOLD US OF HER BACK ISSUES, SURGERIES AND MEDICATIONS. WE HAVE VIDEO OF HER NOT BEING ABLE TO STAY AWAKE WHILE DRIVING.

THIS WAS NOT MRS. BRUCES ONLY ACCIDENT, SHE HAS BEEN LET GO FROM PRIORITY CARE TRANSITS LLC BECAUSE OF HER NEGLIGENCE.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

PAYMENT OF MEDICAL CARE RECEIVED AS THE RESULT OF THE NEGLIGENCE AS WELL AS TRANSPORTATION COST, PAIN AND SUFFERING, EMOTIONAL ANGUISH, AND LOST WAGES. PAST, PRESENT AND FUTURE.

CURRENTLY I HAVE OVER \$100,000 IN MEDICAL CARE AND COUNTING. I'VE LOSTED OVER \$15,000 IN WAGES AND COUNTING.

REQUESTING THE STATES CAP IN NON-ECONOMIC DAMAGES OF \$350,000

ALTHOUGH I HAVE PRIOR CONDITIONS, IT TOOK ME YEARS TO LEARN TO DEAL WITH THOSE CONDITIONS AND THE NEGLIGENCE OF PRIORITY CARE TRANSITS LLC, AGGRAVATED THOSE CONDITIONS AND CAUSED ADDITIONAL ISSUES.

I HAVE A SEIZURE DISORDER WHICH MAKES IT HARD TO TREAT PAIN WITH PAIN MEDICATION. ON SEVERAL OCCASIONS THE PAIN WAS SO BAD I HAD TO USE PAIN MEDICATION CAUSING SEIZURES. I HAD TO HAVE PHYSICAL THERAPY, OMT, ACUPUNCTURE, THERAPY . I WAS IN THE HOSPITAL DUE TO WORSEN PAIN AND INCONTINENCE. I AM ALWAYS IN PAIN BECAUSE I CAN NOT USE PAIN MEDICATION BECAUSE THE SEIZURES CAME BACK FOOL EFFECT.

NUEROLOGY SAY THAT I HAVE WHAT THEY CALL A SCIWORA, A SPINAL CORD INJURY. I FALL A LOT. I SOMETIME USE A WALKER AND CANE WHEN MY THE PAIN IS AT ITS WORST BECAUSE I GET WEAK AND HAVE FALLEN A FEW TIMES. I HAVE WEAKNESS IN THE UPPER AND LOWER EXTREMITIES DOING BASIC HOUSEWORK, SO MUCH SO THAT MY 19 YEAR OLD STAYED OFF FROM COLLEGE TO HELP ME CARE FOR MY 12 YEAR OLD WHO HAS HYDROCEPHALUS AND A VP SHUNT. THE 12 YEAR OLD IS HOMESCHOoled BY THE MOORE PUBLIC SCHOOL, I WAS DOING 3 DAYS OF TEACHING AND A TUTOR WAS DOING 2 DAYS A WEEK.

MY DOCTORS HAVE PROVIDED DETAIL REPORTS ABOUT THE COMPLICATION OF TREATING ME, THEN ADDING ON ADDITIONAL ISSUES CREATES EVEN MORE PROBLEMS. SOME MEDICATION THEY PROVIDED FOR THE PAIN I WAS HAVING REACTIONS TO AND IT SENT TO THE ER ON SEVERAL OCCASIONS. NOW I HAVE NOTHING TO HELP WITH THE PAIN .

PRIORITY CARE NEGLIENCES AGGRAVATED MY SEIZURE DISORDER, FIBROMYALGIA, INSOMNIA, DEPRESSION, PTSD, THYROID CANCER, AND OTHER CONDITIONS.

I HAVE FORAMINAL NARROWINNG DUE TO LATERAL BULGING AT L4-5. DISC DESICCATION, CONCENTRIC DISC BULGING THAT CONTRIBUTES TO BILATERAL FORAMINAL NARROWING AND FACET HYPERTROPY AT THE L5-S1. AN ANNULAR TEAR HAS ALSO SO BE SEEN AT THIS LEVEL.

MR. WILLIS THE OWNER OF PRIORITY CARE TRANSIT LLC, TOLD USE THAT HIS LAWYER SUGGESTED THAT HE JUST PAY OUR MEDICAL BILLS SO THIS COULD ALL JUST GO AWAY.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11/30/2017Signature of Plaintiff Printed Name of Plaintiff TYEASHIA M BLACKBURN**B. For Attorneys**

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Street Address 12205 SOUTH WESTERN AVE, APT 0613State and Zip Code OKLAHOMA, 73170Telephone Number 405-921-7166E-mail Address TYEASHIA@ICLOUD.COM